



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001.

1. The name of the limited liability partnership is: The Lindel Group LLP

2. If previously filed a statement of partnership, the name used in that statement is: _____

The date it was filed with the Idaho Secretary of State's Office was: _____

3. The street address of the limited liability partnership's chief executive office is: 301 Iberian Way #129, Sandpoint, ID 83864

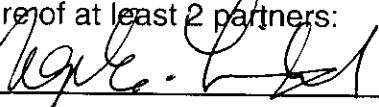
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: _____

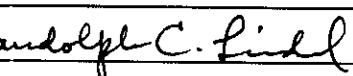
5. The mailing address for future correspondence is: 301 Iberian Way #129, Sandpoint, ID 83864

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): _____

8. Signature of at least 2 partners:

1) 
 Typed Name Nancy E. Lindel

2) 
 Typed Name Randolph C. Lindel

3) _____
 Typed Name _____

Secretary of State use only
05/16/09

Form 1000 Qualifying L.L.P. - 2007
 05/17/2007 05:00
 CK: 1026 CT: 212414 BH: 1054511
 1 @ 100.00 = 100.00 QUALIF L.L.P. # 2

Secretary of State use only

IDaho SECRETARY OF STATE
05/17/2007 05:00
CK: 1026 CT: 212414 BH: 1054511
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